

MAIL ORDERLY TRAINING PROGRAM



PRESENTED BY:

***FISC REGIONAL NAVY MAIL CENTER
NORFOLK, VIRGINIA***



REVISION DATE: 24 FEB 06



COURSE OVERVIEW

✦ **Mail Orderly Designation**

✦ **Outgoing Mail**

- ◆ **General Mail Preparation G**

- ◆ **Newsletters and Flyers**

- ◆ **Accountable Mail**

- ◆ **Expedited Services**

- ◆ **International Mail**

✦ **Inter-Area Mail**

✦ **United Parcel Service (UPS) GroundTrac**

✦ **Incoming mail**

- ◆ **Official Mail**

- ◆ **Personal Mail**

- ◆ **Directory Service**

✦ **Security**

✦ **Accountable Mail Inquiries**



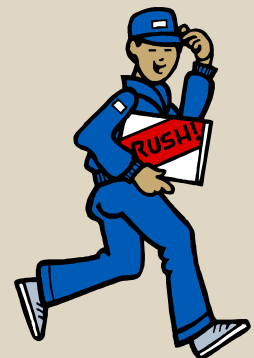
MAIL ORDERLY/CLERK DESIGNATION



- ✦ Official Mail Manager, Division Officer, or Department Head selects**
- ✦ Appointment letter (in duplicate) and DD Form 285 (mail card) are prepared**
- ✦ Attend mandatory training**
- ✦ Recommend appointments be reviewed / renewed every 24 Months**

RESPONSIBILITIES

- ✦ **Preparation**
- ✦ **Delivery and pick-up**
- ✦ **Safety and Security**
- ✦ **Accountability**
- ✦ **As a Mail Orderly, you are held liable and accountable for all mail until it is delivered**



MAIL ORDERLY DESIGNATION LETTER

(SAMPLE)
(ON LETTERHEAD)

Date

From: Official Mail Manager, (your command)
To: YN2 Joe E. Navy

SUBJ: APPOINTMENT AS COMMAND MAIL ORDERLY

Ref: (a) OPNAVINST 5218.7B
(b) DOD 4525.6M
(c) COMNAVREGMIDLANTINST 5218.1
(d) COMNAVREGMIDLANTINST 5218.2

1. As per reference (a) through (d), you are hereby designated as a command mail orderly. You will familiarize yourself with the contents of references (a) through (d) and any other pertinent directives in the performance of your duties.

2. This designation will remain in effect until the time of your detachment or until otherwise revoked.

IMA D. BOSS
LCDR, SC, USN

FIRST ENDORSEMENT

From: YN2 Joe E. Navy
To: Official Mail Manager, (your command)

1. I am familiar with reference (a) through (d) and assume the responsibilities as a (your command) Command Mail Orderly.

JOE E. NAVY
YN2, USN

DD FORM 285
(Appointment of Mail Orderly)

APPOINTMENT OF MILITARY POSTAL CLERK, UNIT MAIL CLERK OR MAIL ORDERLY <i>(See Instructions on Reverse)</i>		1. DATE EFFECTIVE 12 Jan 06	2. DATE REVOKED
3. NAME OF APPOINTEE <i>(Last, First, Middle Initial)</i> NAVY, JOE E.			
4. RANK OR GRADE PS1 / E6	5. SSN (LAST FOUR DIGITS ONLY) 1111	6. TITLE OF APPOINTEE MAIL ORDERLY	
7. ORGANIZATION/ACTIVITY COMNAVSURFSACLAN		8. APO, MPO OR CONUS INSTALLATION 23511-0020	
9. T MAIL AUTHORIZED TO RECEIVE <i>(Check and Initial)</i>		10. THIS FORM MUST BE VALIDATED BY THE SERVING AGENCY'S GENERAL PURPOSE DATING STAMP PRIOR TO CELRK RECEIVING MAIL. IN THE CASE OF THE NAVY MOBILE UNITS, VALIDA- TION MAY BE BY IMPRESSION OF THE UNIT'S OFFICIAL SEAL.	
Personal <i>(All)</i> <input type="checkbox"/>	Official <i>(Except accountable)</i> <input type="checkbox"/>		
Personal <i>(Except accountable)</i> <input checked="" type="checkbox"/> ID	Official Pouches Only <input type="checkbox"/>		
Official <i>(All)</i> <input checked="" type="checkbox"/> ID	<input type="checkbox"/>		
SIGNATURE OF APPOINTING OFFICIAL B Ima D.		SIGNATURE OF APPOINTEE Joe E. Navy	

DD FORM 2260

(Unit Mail Orderly Designation Log)

UNIT MAIL CLERK/ORDERLY DESIGNATION LOG

[illegible]

WHAT MAIL CAN BE HANDLED?

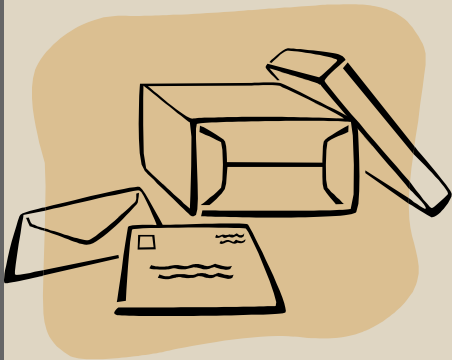
✦ Mail Orderlies may be authorized to handle:

- ✦ Personal mail (Except Accountable)

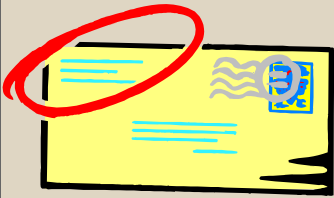
- ✦ All Official Mail

- Must be ELIGIBLE for a SECRET security clearance

NOTE: Orderlies / Clerks MUST have an ACTIVE Secret clearance in order to OPEN Official Mail.



ADDRESSING STANDARDS FOR OFFICIAL MAIL



- ✦ **No handwritten addresses authorized on mail that requires postage**
 - ✦ **Addresses should be typed in upper case**
 - ✦ **5 line total limit for the 'To' address**
 - ✦ **Minimum punctuation is authorized including the hyphen for a Zip+4**
 - ✦ **Use the proper 5 digit Zip Code
(always use Zip+4 for Mobile FPO/APO addresses)**
 - ✦ **Using a generic '9999' or '0000' +4 will result in processing delays to your mail**
- **Go to <http://zip4.usps.com/zip4/> to look up INCONUS Zip Codes and <http://neds.daps.dla.mil/sndl.htm> for the SNDL****

ADDRESS PLACEMENT

- ✦ Address placement is important (especially when utilizing windowed envelopes)
- ✦ “TO ADDRESS” last line must not be lower than 5/8” from the bottom edge on envelope. If you use a label the bottom edge must not be lower than 5/8”. USPS must have sufficient space to place barcode.

DEPARTMENT OF THE NAVY

REGIONAL NAVY MAIL CENTER

9225 THIRD AVE

NORFOLK VA 23511-2325

OFFICIAL BUSINESS

MR J AMES NAVY

4417 BROOK ST NE

WASHINGTON DC 20019-4649



5/8”

ADDRESS EXAMPLES

'TO' ADDRESS

COMMANDING OFFICER
PERSUPPACT NORFOLK
1755 POWHATAN ST STE 200
NORFOLK VA 23511-2985

COMMANDING OFFICER
ATTN MEDICAL DEPT
USS MATTSON DDG 69
FPO AE 09777-6324

The 'ATTN' line should always be the second or third line of the address and no information should be placed below the 'City, State, Zip' line.

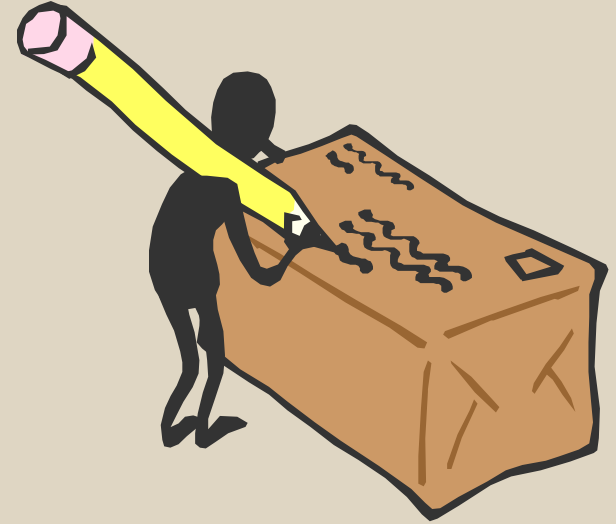
RETURN ADDRESS

DEPARTMENT OF THE NAVY
COMMANDER
NAVY REGION MID ATLANTIC
6506 HAMPTON BLVD
NORFOLK VA 23508-1273
OFFICIAL BUSINESS

'DEPARTMENT OF THE NAVY' is used for commands within DON.

'OFFICIAL BUSINESS' will always be placed below the return address regardless of branch.

PACKAGING



- ✦ **Originator's responsibility**
- ✦ **No masking tape**
- ✦ **Scotch tape should ONLY be used to reinforce an properly sealed flap (should cover the entire flap)**
- ✦ **Distribute weight evenly throughout package**
- ✦ **Remove old markings, labels, and barcodes**
- ✦ **Use correct size envelopes**
- ✦ **All size envelope flaps must be completely sealed (metal tabs & brass clips must be covered)**

LIMITS

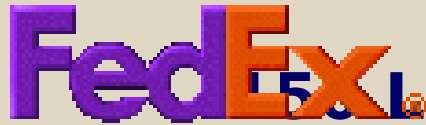


UNITED STATES
POSTAL SERVICE

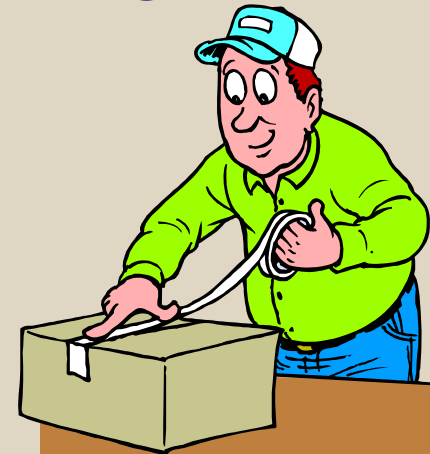
70 LB. & 108 inches (length + girth)



50 LB. & 130 inches (length + girth)



150 LB. & 150 inches (length + girth)



SHIPPER'S NORMAL TRANSIT TIMES

USPS Overnight Express Mail

NEXT DAY (7 DAYS PER WEEK)

Fed-Ex

NEXT DAY (EXCEPT SUNDAY)

USPS First Class & Priority Mail

1-4 DAYS (INCONUS)

USPS Parcel Post

2-14 DAYS (INCONUS)

USPS Overnight Express to FPO/APO
(Only available to selected addresses;
contact RNMC for restrictions)

3-7 DAYS (NOT GUARANTEED)

USPS First Class & Priority Mail to FPO/APO **3-14 DAYS DEPENDING ON LOCATION**

USPS Parcel Post to FPO/APO **14-45 DAYS DEPENDING ON LOCATION**

USPS Registered Mail to FPO/APO **10-30 DAYS DEPENDING ON LOCATION**

UPS Ground Trac
only)

1-6 DAYS DEPENDING ON LOCATION (INCONUS

These transit times are average estimates.
Many factors affect transit times
correspondence
(weather, equipment, class of mail etc.)



DELIVERY OF OUTGOING MAIL TO REGIONAL NAVY MAIL CENTER

✦ **All mail is screened for consolidation to other military commands (CONUS or FPO / APO)**

✦ **Breakdown outgoing mail in the following categories:**

◆ **FPO / APO**

◆ **International**

◆ **CONUS**

◆ **Inter-Area**

(Guard Mail by Command name and route # / address)

◆ **Directory**

(separate First Class return & forward from Bulk Rate)

◆ **Accountable Mail**

◆ **Other Classes**

NOTE: If your command's mail is delivered via RNMC trucks, it must still be broken down into the proper categories before it is given to the driver.



OFFICIAL MAIL

**ALL MAIL ADDRESSED TO THE COMMAND
OR AN OFFICIAL TITLE.**

**COMMANDING OFFICER
SUBTRAFACLANT
2000 C ST
NORFOLK VA 23511-
0001**

**SUPPLY OFFICER
SUBTRAFACLANT
2000 C ST
NORFOLK VA 23511-
0001**

**LT JIM JONES
PERSONNEL OFFICER
VFA 140
FPO AE 09873-7145**

**SUBTRAFACLANT
ATTN YN2 HAYES
2000 C ST
NORFOLK VA 23511-0001**

**STRIKEFIGHTER SQUADRON
140
FPO AE 09873-7145**

**SKCM BROWN
COMMAND MASTER CHIEF
VFA 140
FPO AE 09873-7145**

OFFICIAL MAIL



Remember:

- ✦ Names in Attention lines mean “Official”
- ✦ Names with a Title mean “Official”

DO NOT return this mail to the Mail Center as directory mail. If the person whose name appears is no longer at your command, THIS IS STILL YOUR MAIL.

Commands assigned an FPO mailing address may not use local geographic addresses to receive mail.

PERSONAL MAIL

ALL MAIL ADDRESSED TO AN INDIVIDUAL

**YN2 ISSAC HAYES
SUBTRAFACLANT
2000 C ST
NORFOLK VA 23511-
0001**

**CAPT JOE SMITH
SUBTRAFACLANT
2000 C ST
NORFOLK VA 23511-
0001**

PERSONAL MAIL RESTRICTIONS:

**✳ ONLY PERSONNEL LIVING IN
BARRACKS**

✳ ONLY PERSONNEL IN A TAD STATUS

**✳ ONLY DURING THE FIRST 120 DAYS
UPON**



PERSONAL MAIL

ADDRESS RESTRICTIONS:

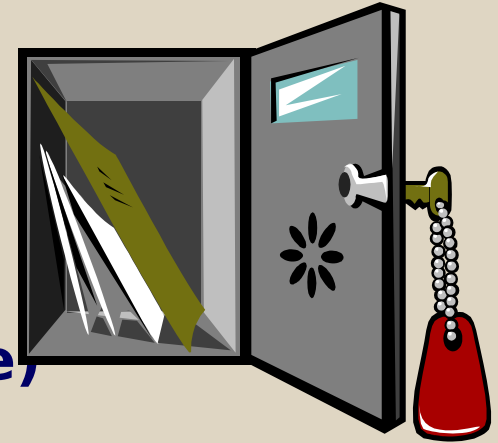
- ✦ **No mail addressed to barracks (May use barracks address for FedEx, UPS or other third party carrier)**

USPS DOES NOT DELIVER TO BARRACKS

Members attached to a command assigned an FPO mailing address may not attempt to use local geographic addresses to receive mail.

ACCOUNTABLE MAIL

REGISTERED

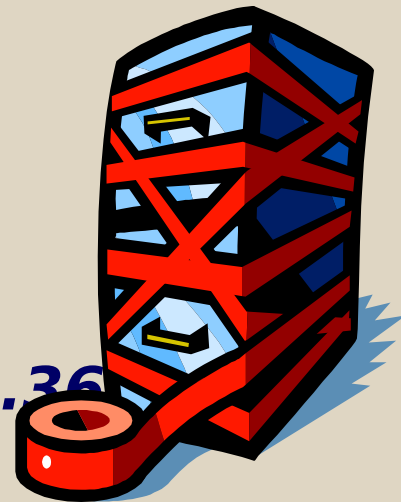


- ✦ **Most secure**
- ✦ **Slowest**
- ✦ **Expensive (min. fee \$7.90 + postage)**
- ✦ **Time consuming tracking process (min. 45 days)**
- ✦ **Items that maybe sent via REGISTERED MAIL are:**
 - ◆ **ANY 'SECRET' MATERIAL**
(Can also be sent Fed-Ex or USPS Express Mail)
 - ◆ **NATO CONFIDENTIAL**
 - ◆ **ALL CONFIDENTIAL TO FPO / APO ADDRESSES**

REGISTERED MAIL PREPARATION

- ✦ **PS FORM 3877 (Firm Mailing Book) in duplicate**
- ✦ **Affix accountable labels at the top of the item between the return address and postage**
- ✦ **Cover and firmly seal all open edges of the item (i.e. flaps and seams) with water activated brown paper tape that will absorb an ink impression**
- ✦ **No padded envelopes**
- ✦ **No cellophane window envelopes**

For more info, look in SECNAVINST 5510.36



REGISTERED MAIL LABEL (L200)



PS FORM 3877

(Firm Mailing Book)

NAME AND ADDRESS OF SENDER

COMNAVSURFSACLANT
1800 FARAGUT RD
NORFOLK, VA 23511-9090

Check type of mail or service

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

- ☐ Recorded Delivery (international)
☒ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
 (if issued as a
 certificate of mailing
 or for additional
 copies of this bill).
**Postmark and
 Date of Receipt**

Article Number	Addressee (Name, Street, City, State&Zip Code)	Postage	Fee	Handling Charge	Act. Value (If Regis.)	Insured Value	Due Sender If COD	DC FEE	SC FEE	SH FEE	RD FEE	RR FEE
1	COMANDING OFFICER											
	RR 449 295 671 US											
	ATTN PERSONNEL DEPT											
	USS NEVERSAIL DDG999											
	FPO AE 09622-0101											
2	SURFORCRUDESGRU											
	7781 3224 4781 9725 3999											
	1000 ADMIRAL BLVD											
	NORFOLK VA 23511-1111											
3												
4												
5												
6												
7												
8												
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office		Postmaster, Per (Name of receiving employee)		See Privacy Act Statement on Reverse						

AUTHORIZED SHIPPING OF SECRET MATERIAL

✦ USPS REGISTERED MAIL:

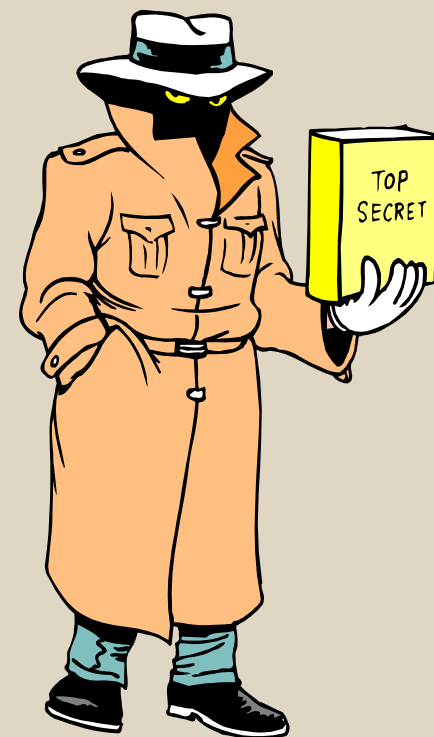
- ✦ To all addresses serviced by USPS
- ✦ Selected FPO/APO/Canadian addresses

✦ USPS EXPRESS MAIL:

- ✦ To all addresses serviced by USPS
- ✦ NO foreign or FPO/APO addresses

✦ FEDERAL EXPRESS:

- ✦ **ONLY TO IN-CONUS ADDRESSES**
(including Alaska & Hawaii)



AUTHORIZED SHIPPING OF **CONFIDENTIAL MATERIAL**

USPS FIRST CLASS / REGISTERED / EXPRESS MAIL:

- ◆ To all addresses serviced by USPS

- ◆ No Foreign Addresses

****MUST BE SENT *REGISTERED* TO ALL
FPO/APO ADDRESSES****

FEDERAL EXPRESS:

- ◆ ONLY IN-CONUS (including Alaska & Hawaii)

****ALL SECRET AND CONFIDENTIAL MATERIAL MUST BE IN
ACCORDANCE WITH SECNAVINST 5510.36****

ACCOUNTABLE MAIL

CERTIFIED

✦ **Available for only USPS First Class and Priority Mail**

✦ **Provides signature at office of destination**

✦ **Can be sent to most FPO / APO addresses**

✦ **Items eligible:**

EEO material

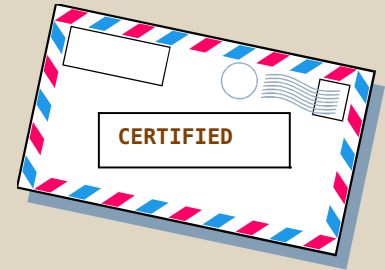
Illegal ID Cards

Court summons

Traffic ticket

Dishonored checks

✦ **CONFIDENTIAL MATERIAL**
(Only to Designated DOD contractors IN-CONUS)*



***SEE SECNAVINST 5510.36 FOR MORE DETAILS**



CERTIFIED MAIL PREPARATION

Option for mailing individual item:

PS FORM 3800 Label and Receipt

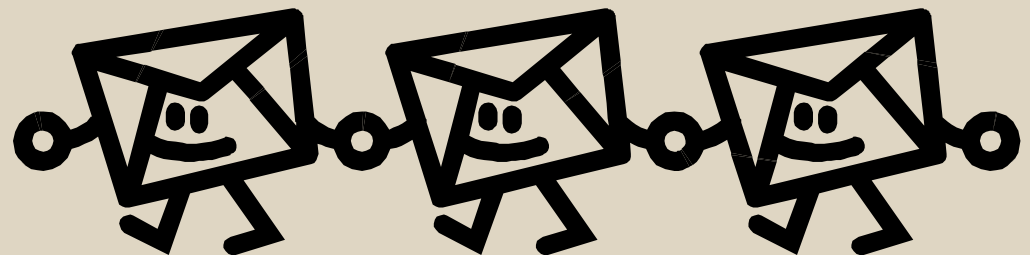
- ◆ **Attach Label and Receipt to article**
- ◆ **Make sure receipt portion is filled out**
- ◆ **RNMC stamps receipt portion
(command's receipt of mailing)**

CERTIFIED MAIL PREPARATION

Option for mailing multiple items:


PS FORM 3800 used with PS FORM 3877

- ◆ **Remove 3800 receipt portion**
- ◆ **Enter appropriate information on 3877
(do not make duplicate)**
- ◆ **Present book and articles**
- ◆ **DO NOT remove page from book**
- ◆ **RNMC stamps and signs 3877 page as
customer's receipt of mailing**



CERTIFIED MAIL PREPARATION

PS FORM 3800

7004 2890 0002 5114 3116			U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
7004 2890 0002 5114 3116			For delivery information visit our website at www.usps.com	
7004 2890 0002 5114 3116			OFFICIAL USE	
7004 2890 0002 5114 3116			Postmark Here	
		Postage	\$	
		Certified Fee		
		Return Receipt Fee (Endorsement Required)		
		Restricted Delivery Fee (Endorsement Required)		
		Total Postage & Fees	\$	
Sent To Tom Jones- IVE 201 Ingersoll Norfolk VA 23511-1897				
PS Form 3800, July 2012				

23511-1897

RETURN RECEIPTS

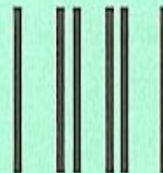
✦ Only allowed to non-government agencies, civilian firms, corporations, and private individuals when proof of delivery is required by law or regulation

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Tom Jones-IVECO 1281 Ingersol Place Norfolk, VA 23511 1897		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		2. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7004 2890 0002 5114 3116	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

BACK

RETURN RECEIPTS

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

**COMNAVSURFSACLANT
9225 FIRST AVE
NORFOLK VA 23511-1999**

FRONT

OPNAV FORM 5511/10

(Record of Receipt)

- ✦ OPNAV FORM 5511/10 (record of receipt) should be utilized when not covered by regulation or needing proof of delivery to a military address

RECORD OF RECEIPT (REFERENCE OPNAVINST 5510.1H)				THIS RECEIPT MUST BE SIGNED AND RETURN	
ORIGINATOR'S CODE	FILE OR SERIAL NO.	DATE OF MATERIAL	UNCLASSIFIED DESCRIPTION	COPY NO.	NO. OF ENCLS TO MAT'L RCD
ADDRESSEE (Activity Receiving Material)				REGISTERED NUMBER	
SIGNATURE (Authorized Receipt)				DATE	

U.S.G.P.O.: 1996-705-911

RNMC ACCOUNTABLE RECEIPT

✱ **Utilized locally for accountability for UPS and FED-EX articles until a tracking number is provided**

****NOT compatible with any other special service ****

RNMC ACCOUNTABLE RECEIPT

1

Part 1 - "To" address

NAVY MAIL SERVICE
ACCOUNTABLE MATERIAL
TO _____

A 100000938

2

Part 2 - "Return" address

NAVY MAIL CENTER

Part 3 - Self-adhesive num

ACCOUNTABLE MATERIAL

✳ **UPS / FedEx tracking number**
placed on the back of P
returned your command
following bu

A 100000938

3

NAVY MAIL SERVICE

ACCOUNTABLE MATERIAL

A 100000938

EXPEDITED SERVICES

✦ **USPS EXPRESS MAIL**
and FPO/APO delivery

✦ **FEDERAL EXPRESS**
FPO/APO delivery
service)

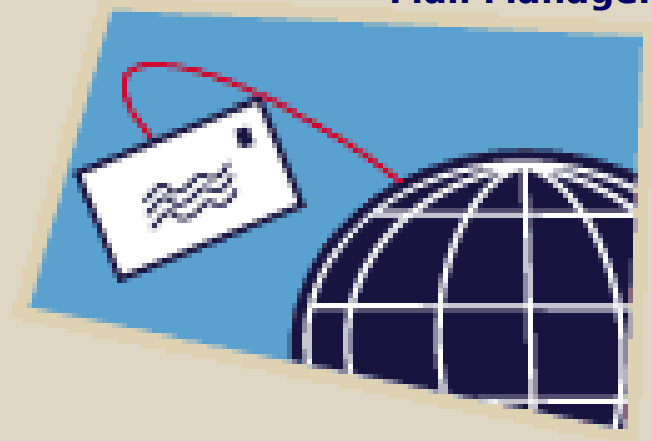
- Limited overseas
- **CLASSIFIED** material only INCONUS

- **NO** overseas or
- **NO** delivery to P.O. Boxes (USPS

REQUIREMENTS:

- ✦ **Must be time sensitive**
- ✦ **Approved by Command Official**
(With signed copy
Request)
- ✦ **Cannot be delivered to**
mobile units

Mail Manager



or

EXPEDITED SERVICE REQUEST

EXPEDITED SERVICE REQUEST



Account # _____ Date _____
(Full 9 Digit Zip Code of Mailing Command)

From: _____
(Command/Department)

Subject: AUTHORIZATION TO USE OVERNIGHT EXPEDITED SERVICE

Ref: (a) COMNAVREGMIDLANTINST 5218.2 Series

1. I certify the attached article requires expedited service for the following reason:

- _____ Mission failure probable.
- _____ Significant monetary penalty by Navy will occur.
- _____ Missing movement/transportation will occur.
- _____ Extreme adverse effects to operations/personnel.
- _____ Compelling circumstances in preparation occurred.
- _____ Request not received in time to meet due date.

2. I certify that if this article is addressed to an FPO/APO address that it contains **"No Classified Material"**.

3. I understand that expedited service to an FPO/APO address means **three** to **four** days and is not guaranteed.

Print name _____

Sign _____
(Official Mail Manager)

For Friday Dispatch: Saturday Delivery Required _____
(Additional fee for FEDEX) (OMM Initial)

Tracking Number: _____

USPS EXPRESS MAIL

Mailing Label

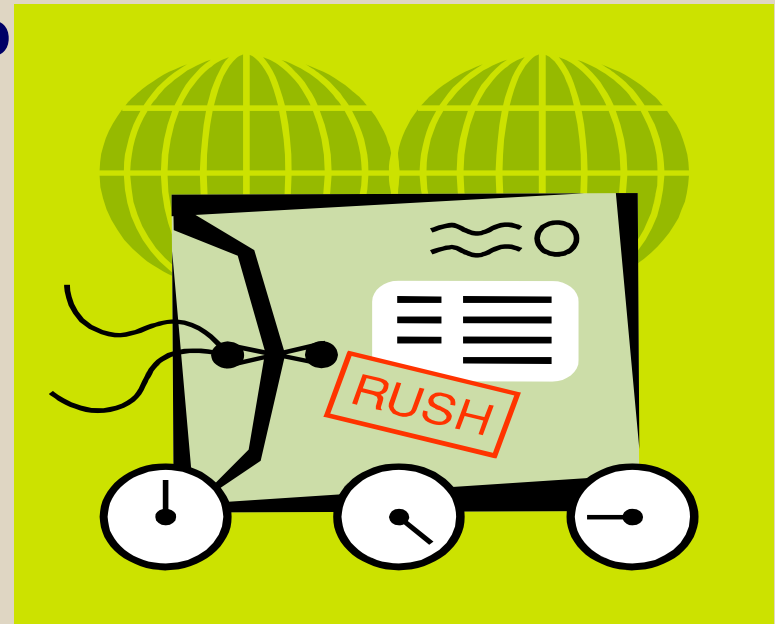
FedEx

**ONLY AT
BRANCH
OFFICES**

FedEx USA Airbill Express		Bill To: 1234 5678 901C Ship To: 0215	Sender's Copy
1 Ship From (Print name and address) Date: 10/15/01 1 Via: 9999-9999-9 Sender's Name: Tyler Hanlon Phone: 602/555-1812 Company: 1234 Main Street Address: _____ City: Phoenix State: AZ Zip: 85034		2 Ship To (Print name and address) To: Liam Riley Phone: 404/555-8100 Company: Ridgeway De Address: 2020 Vision 3 West City: Atlanta State: GA Zip: 30305	
3 Your Internal Billing Reference (Print your company name and number) 4 - SCN 012345678		4 Express Package Service <input checked="" type="checkbox"/> FedEx Priority Overnight <input type="checkbox"/> FedEx Standard Overnight <input type="checkbox"/> FedEx First Overnight <input type="checkbox"/> FedEx 2Day <input type="checkbox"/> FedEx Express Saver <input type="checkbox"/> FedEx International Economy <input type="checkbox"/> FedEx International Priority	
4 Express Freight Service <input type="checkbox"/> FedEx Freight <input type="checkbox"/> FedEx Freight Economy <input type="checkbox"/> FedEx Freight International *Carrier Confirmation		5 Packaging <input type="checkbox"/> FedEx Shipper's Box <input type="checkbox"/> FedEx Mailer <input checked="" type="checkbox"/> Other 5	
5 Special Handling <input type="checkbox"/> Signature Required <input type="checkbox"/> Signature Restricted <input type="checkbox"/> Signature Adult Signature <input type="checkbox"/> Fragile <input type="checkbox"/> Perishable <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Live Animals <input type="checkbox"/> Restricted Item: _____		6 Payment <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Cash On Delivery <input type="checkbox"/> Cash Against Collection Total Packages: 1 Total Weight: 1 Total Value: \$450.00	
6 Release Signature Signature: _____ Date: _____		7 Release Signature Signature: _____ Date: _____	

EXPEDITED MAIL PREPARATION

- ✦ **Number of address and info lines are not restricted**
- ✦ **Include any pertinent information to aid in delivery of article:**
 - ◆ **Building / Room / Code numbers**
 - ◆ **Names and Telepho**



UNITED PARCEL SERVICE (UPS) **GROUND TRACK**

- ✦ **Available IN-CONUS only**
- ✦ **Immediate tracking VIA YOUR BRANCH
OFFICE ONLY**
- ✦ **Delivered directly to addressee**
- ✦ **Cost effective**
- ✦ **Restricted to items other than First Class
(over 13 oz.)**



INTERNATIONAL MAIL



- ✧ **Number of address lines is not restricted**
- ✧ **Last line of the address should be the country name by itself (i.e. ITALY, SPAIN)**
- ✧ **NO ABBREVIATIONS FOR COUNTRY NAMES**
- ✧ **Customs forms may apply based on individual country requirements**
- ✧ **For country listings, refer to the IMM online at:**

<http://pe.usps.gov/>

INTER-AREA MAIL

- ✦ **DEFINITION:** Any official correspondence sent between commands located within the servicing area of RNMC
- ✦ Articles are addressed as regular Official Mail, or have appropriate route number and command title
- ✦ See COMNAVREGMIDLANTINST 5218.1 for route number listings by installation
- ✦ No postage is required
- ✦ **NOT FOR PERSONAL USE**



INTER-AREA MAIL TIPS

- ✦ RNMC personnel do not know names / titles / building numbers etc.**
- ✦ Entire command name must be included on all messenger envelopes***
- ✦ Route number examples:**
 - ◆ COMNAVSURFLANT R#4**
 - ◆ FCTCLANT DAM NECK R#7C**
 - ◆ FISC NORFOLK R #3B**

SEE COMNAVREGMIDLANTINST 5218.1





U. S. Government Messenger Envelope



**M
E
S
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G
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R**

NAME (OR TITLE) OF ADDRESSEE AGENCY ORGANIZATIONAL UNIT, ADDRESS AND ROOM		NAME (OR TITLE) OF ADDRESSEE AGENCY ORGANIZATIONAL UNIT, ADDRESS AND ROOM	
RIGHT ↓	STOP	↓ WRONG	STOP
NAVSTA NORFOLK PORT OPS W77 SANDY BLACK	STOP RT #2	PORT OPS BLDG	STOP
FISC NORFOLK - CODE 404.5 PERSONAL PROPERTY OFFICE	STOP RT #2	PERSONAL PROPERTY OFFICE	STOP
SEWELLS BRMEDCLINIC ATTN THERAPY	STOP RT #3B	BOONE CLINIC	STOP
SEWELLS POINT SAFETY OFFICE LP33 LARRY DORTON	STOP RT #2	LARRY DORTON BLDG KBB (DAYTON HALL)	STOP
PWC NORFOLK TRANSPORTATION - CODE 20	STOP	CODE 033A ATTN WILLIAM HARGOE	STOP
	STOP	TRANSPORTATION	STOP
	STOP		STOP
RNMC, ATTN: Mr. Mattson	STOP		STOP
	STOP		STOP
	STOP		STOP
	STOP		STOP

USE THIS SIDE FIRST

Use STOP only when messenger service between Government buildings in Washington, D.C., is required or wherever a STOP system is used. Your mail room has STOP information.

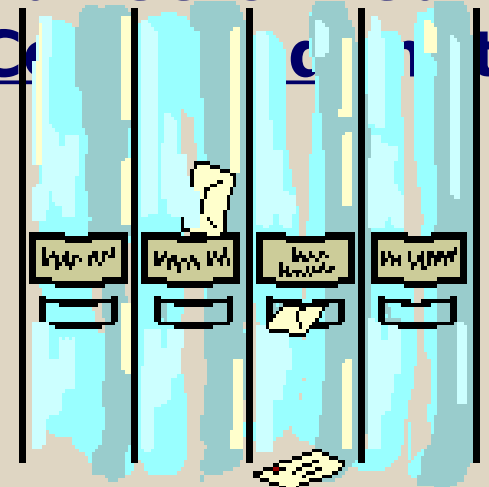
**E
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DIRECTORY MAIL

Directory mail is:

Any personal mail addressed to a military member or civilian employee who does not now work, or has never worked, at your command.

**NOTE: Official mail CANNOT be directorized.
This mail is addressed to Your Command or to a private individual.**



EXAMPLE OF RETURN TO SENDER OR FORWARDING DIRECTORY PROCEDURE

FRONT OF MAIL

RETURN TO SENDER STAMP

With reason why mail is being
returned

Reason must be indicated

Must be pointing to the return
address

MARTHA STEWARD
9763 OAK ST
RESTON VA 23722-4975

**RETURNED
TO
SENDER**

- ☐ ATTEMPTED NOT KNOWN
- ☐ MOVED, LEFT NO ADDRESS
- ☐ UNCLAIMED
- ☐ INSUFFICIENT ADDRESS
- ☐ REFUSED
- ☐ NOT DELIVERABLE AS ADDRESSED,
UNABLE TO FORWARD

One diagonal line
through address only

Cover bar codes on
both sides of the
envelope completely
with
One solid line using
marker or grease
pencil

Put forwarding address in
clear area below or to the
right of the original
address or place a new
address label over the old
address. **DO NOT COVER
THE PERSON'S NAME**

JAMES NAVY
~~4417 BROOK ST NE~~
~~WASHINGTON DC 20019 4649~~

EXAMPLE OF RETURN TO SENDER OR FORWARDING DIRECTORY PROCEDURE

BACK OF MAIL

Cover bar codes on
both sides of the
envelope completely
with
One solid line using
marker or grease
pencil

Sample Directory
Stamp

Name of command

Date **10 Oct 06**

Rcvd ~~11 Oct 06~~

Date fwd **JKB**

Clerk Int



DIRECTORY MAIL PROCEDURES **FOR MAGAZINES**

Forwarding Time Limit:

- Forward magazines for 60 days from the date of personnel transfer.
- Using PS form 3579 notify publishers of change of address. After 2 forms per magazine have been sent and 60 days have expired dispose as Bulk. Publishers are charged 75 cents per notice sent.

OPNAV FORM 5110/5

CHANGE OF ADDRESS CARD

(MILITARY PERSONNEL ONLY)

Directory file maintained on all military personnel
utilizing OPNAV 5110/5

NOTICE OF CHANGE OF ADDRESS			DATE:	
OPNAV 5110/5 (Rev 3-90) S/N 0107-LF-009-2500			DD/MON/YY	
NAME (Last, first, middle) DOE, SMITH		RANK / RATE SKI/E-6	SOCIAL SECURITY NUMBER XXX-XX-XXXX	
<p>PRIVACY ACT STATEMENT: Authority: Title 39 USC and DOD/US Postal Service Agreement, 2 Feb 59.</p> <p>PRINCIPLE PURPOSES: To route or forward (directory) mail. ROUTINE USES: Used by military and civilian personnel in mail functions. Data are inspected by commanders, postal officers, and military and civilian inspectors. Disclosure is voluntary; however, failure to provide the requested information could result in inability to forward mail.</p>				
NEW ADDRESS (Consult SNDL for address) JOHN DOE PSD SEWELLS PT 1278 FRANKLIN ST NORFOLK VA 23511-XXXX			OLD ADDRESS (Attach mailing label for publisher) JOHN DOE USS SAN JACINTO CG 56 FPO AE 09587-1178	
ESTIMATED REPORTING DATE DD/MON/YYYY			DEPENDENT'S NAME (If applicable) JANE DOE	
SIGNATURE			THIS SPACE FOR POSTAL CLERK	
FORWARD SECOND CLASS MATTER FOR 60 DAYS				
ITEM	YES	NO		
MAGAZINES				
NEWSPAPERS				

DIRECTORY MAIL PROCEDURES **(FIRST CLASS & PRIORITY MAIL)**

Forwarding Time

Limits:

Transferred personnel

12 months

Students and TAD personnel

3 months

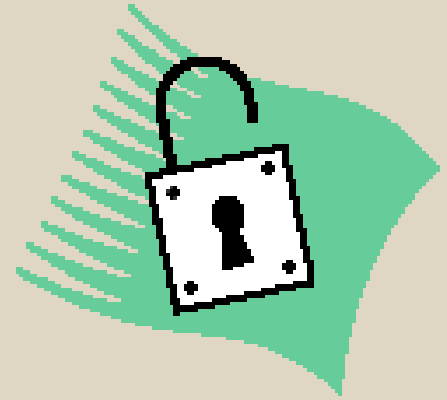
Mail for DTA Personnel

held for 30 days before being returned to sender

(verify with prospective gains/loss list)



SECURITY



- ✦ **All mail must be provided sufficient security to prevent loss, damage, or compromise**
- ✦ **Mail should not be left out unattended**
- ✦ **Personal Mail should be delivered directly to the addressee**

SECURITY **(Continued)**



- ✦ **Access to mailrooms should be limited to personnel accountable for mail and familiar with regulations and procedures**
- ✦ **All PS Forms for accountable mail and DD Forms are kept on hand for a minimum of 2 years to maintain a chain of receipts**
- ✦ **Registered Mail, USPS Express Mail, and FedEx must be maintained under tight security until delivered**

TRANSPORTATION



- ✦ **Pick-up and delivery should be made in an enclosed, lockable Government vehicle**
- ✦ **Privately Owned Vehicles (POV) can be used only during emergency situations or when authorized by the Commanding Officer in writing**
(Copy to RNMC or branch office where daily pickup is made)

INQUIRIES FOR **OFFICIAL MAIL**

✦ **USPS:** Filed at RNMC Main or Branch Office,
not the civilian post office

◆ **Must have all receipts and forms for your
article (RNMC will help fill out the
appropriate form)**

◆ **PS FORM 1000: REGISTERED and EXPRESS**

◆ **PS FORM 1510: CERTIFIED and regular mail**

✦ **FedEx/UPS:** See RNMC for information

PS FORM 1000

(Domestic Registered/Express Inquiry)

UNITED STATES POSTAL SERVICE®		Domestic Claim or Registered Mail™ Inquiry <small>(Type or print legibly with a black-ink ball-point pen.)</small>			
A. Completed by Customer (Claims may be filed at any Post Office™, Station, or Branch)					
1. Mailing Information			2. Addressee Information		
a. First Name	b. MI	c. Last Name	a. First Name	b. MI	c. Last Name
d. Business Name (Use only if the mailer is a company)			d. Business Name (Use only if the addressee is a company)		
e. Street Name 1 (No., st., street no.)			e. Street Name 1 (No., st., street no.)		
f. Street Name 2 (No., st., street no.)			f. Street Name 2 (No., st., street no.)		
g. City		h. State	i. ZIP + 4		
j. Telephone No. (include area code)			j. Telephone No. (include area code)		
3. Payment Assignment - Alternate Payment Address					
a. Who is to Receive Payment? (Check one)					
<input type="checkbox"/> Mailer <input type="checkbox"/> Addressee					
b. Street Name 1 (if other than address above) (No., st., street no.)					
c. Street Name 2 (No., st., street no.)					
d. City		e. State	f. ZIP + 4		
5. COD Amount to Be Remitted to Sender (For business mailer COD claims only)			6. Total Amount Claimed for All Article(s)		
\$			\$		
7. Certification and Signature			I hereby certify that the information furnished on this form is true and correct. I understand that anyone who furnishes false or misleading information on this form, who who knowingly includes or omits material or information, or who who knowingly makes a false statement, is subject to criminal sanctions (including fines and imprisonment).		
a. Customer Submitting Claim:		b. Signature of Customer Filing the Claim		c. Date Signed (MM/DD/YYYY)	
<input type="checkbox"/> Mailer <input type="checkbox"/> Addressee					
B. Completed by Postal Employee Where Claim is Filed					
1a. Service Category (Check only one)					
<input type="checkbox"/> Numbered Insured Mail		<input type="checkbox"/> Registered Mail with Insurance (Inquiry Only)		<input type="checkbox"/> COD Mail	
<input type="checkbox"/> Uninsured Insured Mail		<input type="checkbox"/> Express Mail® Service (Merchandise)		<input type="checkbox"/> Registered COD Mail	
<input type="checkbox"/> Registered Mail with Insurance		<input type="checkbox"/> Express Mail Service (Document Reconstruction)		<input type="checkbox"/> Express Mail COD Service	
2. Postage Paid \$		3. Insurance Fee \$		4. Other Refundable Fees \$	
5. Reason for Claim Category (Check only one)					
<input type="checkbox"/> Article Not Delivered		<input type="checkbox"/> Some Contents Delivered		<input type="checkbox"/> All Contents Damaged	
<input type="checkbox"/> Container Only Delivered		<input type="checkbox"/> Some Contents Damaged		<input type="checkbox"/> Repeat of Damaged Contents	
				<input type="checkbox"/> No COD Remittances Received	
				<input type="checkbox"/> Delay of Express Mail Service Containing Non-Negotiable Documents	
6. If claim reason is for damage or loss of contents, was the wrapping/states/packaging and article(s) insured? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, indicate reason for damage (check one) and provide description in separate sheet.					
<input type="checkbox"/> Visible Damage		<input type="checkbox"/> Transported by Non-USPS® Carrier		<input type="checkbox"/> Damage Caused by USPS	
				<input type="checkbox"/> Damage not Caused by USPS	
7. Location of Damaged Article(s) (Enter city, state, ZIP + 4, and telephone no.)					
a. (Check one)					
<input type="checkbox"/> Post Office <input type="checkbox"/> MRC <input type="checkbox"/> Discarded by Post Office					
b. City		c. State	d. ZIP + 4	e. Telephone No. (include area code)	
8. Mailing Receipt Presented? (Important: Uninsured Insured and Express Mail service mailing receipts must be surrendered by the customer and retained in Post Office file) <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Evidence of Value for Article(s) Presented? (Attach copy) <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Proof of Insurance Verification		a. Mailing Receipt No. (include all letters and numbers)		b. ZIP + 4 Where Package Mailed	
		c. COD No. (COD claims only, include all letters and numbers)		d. Mailing Date (MM/DD/YYYY)	
11. Loss/Adjustment		12. Round Date Stamp of Accepting Office			
a. <input type="checkbox"/> Agreed (Enter money order no., date, and amount):					
b. <input type="checkbox"/> Denied (Enter reason):					
13. Signature of Approval Authority		14. Signature of Employee Accepting Claim		15. Date (MM/DD/YYYY) 16. ZIP + 4 of Accepting Office	
17. Date (MM/DD/YYYY)		18. Telephone Number (include area code)		19. Reference Number and e-mail address	

PS FORM 1510

(Mail Loss/Rifling Report)

NOTE: USE BALLPOINT PEN AND PRESS DOWN FIRMLY: LAST 2 COPIES MUST BE LEGIBLE.

1. Use this form only for ordinary and certified mail. Use Form 3812, *Request for Payment of Domestic Postal Insurance*, to report loss or rifling of COD and domestic insured mail. Use Form 565, *Registered Mail Application for Indemnity/Inquiry*, to report loss or rifling of domestic registered mail.
2. Be sure all applicable items in Part II are completed.
3. Send Parts II-D and II-E immediately to the Regional Chief Inspector.
4. If complaint indicates rifling, obtain envelope or wrapper (*if possible*) and forward it with the Form 1510 to the Regional Chief Inspector.
5. If the complaint is made at stations or branches, send the remaining parts of the form to the main office, Claims and Inquiry Section.
6. Information outlining the processing of this form is contained in Section 254.2 of the Postal Operations Manual.

(Remove This Portion Before Mailing)

Part I

Postal Customer:

The sender of the article described below has made an inquiry regarding delivery of the item. The article was not located at the mailing office. Therefore, we are contacting you to determine if the article has been delivered. Please indicate below if the article has been received. Return the form in the enclosed PREADDRESSED ENVELOPE WHICH REQUIRES NO POSTAGE. Your response will assist the Postal Service in providing improved service. **PLEASE RETURN BOTH PARTS I AND II-A.**

THANK YOU

The Article Was:

☐ Received (*Date if known*) _____

☐ Not Received

☐ Refused

Date of Reply

Signature of Addressee or Agent

Remarks

PS Form 1510, April 1992

Part II-A

Note: Use ballpoint pen and press down firmly; you are making five copies.

U.S. Postal Service

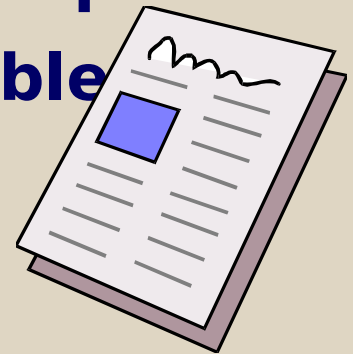
Mail Loss/Rifling Report

1. Complaint Date		2. Office Accepting Complaint (<i>City and State</i>)		3. Complaint <input type="checkbox"/> Loss <input type="checkbox"/> Rifling	
4. Article Was Mailed By				5. Article Was Addressed To	
a. Name				a. Name	
b. Return Address As On Article Mailed				b. Address As On Article Mailed	
c. City		d. State	e. ZIP+4	c. City	d. State e. ZIP+4
f. Day Telephone Number (<i>Include Area Code</i>)				f. Day Telephone Number (<i>Include Area Code</i>)	
6. Article Was Mailed				7. Article Was Sent	
a. Date		b. Time		<input type="checkbox"/> 1st-Class <input type="checkbox"/> Parcel Post	
Month	Day	Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Other (<i>Specify</i>)	
8. Type of Mail				<input type="checkbox"/> Letter <input type="checkbox"/> Parcel	
<input type="checkbox"/> Other (<i>Specify</i>)					
9. Special Services					
<input type="checkbox"/> Special Handling		<input type="checkbox"/> Special Delivery		<input type="checkbox"/> Certified No. _____	
				<input type="checkbox"/> Return Receipt for Merchandise No. _____	
10. Place of Mailing				Name and/or Address of Location Checked	
<input type="checkbox"/> Main Post Office					
<input type="checkbox"/> Station or Branch					
<input type="checkbox"/> Contract Station					
<input type="checkbox"/> Collection Box					
<input type="checkbox"/> Residence or Business					
11. Contents of Article (<i>Describe in detail, size, color, brand name, serial no., and amount, etc.</i>)				12. Value	
				\$	

PS Form 1510, April 1992

FLYERS AND NEWSLETTERS

- ✦ **Must be automation compatible**
- ✦ **Mailed at First Class rates**
- ✦ **If Command produced:**
 - ◆ **Must be in correct size envelope**
 - ◆ **Address must be OCR readable**
- ✦ **If DAPS produced:**
 - ◆ **MS Word format for text**
 - ◆ **MS Excel format for mailing list**
 - ◆ **Forward via e-mail attachment.**



SUMMARY

**You should now have the basic
fundamental knowledge to handle your
commands Official and Personal
Mail.**

**As always, contact your serving Branch
Office with any questions or concerns.**



REFERENCES

- ✧ **DOD POSTAL MANUAL 4525.8M**
- ✧ **COMNAVREGMIDLANTINST 5218.1**
- ✧ **COMNAVREGMIDLANTINST 5218.2**
- ✧ **SECNAVINST 5510.36**
- ✧ **OPNAVINST 5218.7B**
- ✧ **OPNAVINST 5112.5A**
- ✧ **OPNAVINST 5112.6C**
- ✧ **USPS DOMESTIC MAIL MANUAL**
- ✧ **USPS INTERNATIONAL MAIL MANUAL**
- ✧ **USPS PUB 28 & 221**
- ✧ **GSA FEDERAL RECORDS ACT 1950**



REGIONAL NAVY MAIL CENTER **ON-LINE**

**For access to this training guide,
instructions, links and other
information, go online at
www.nor.fisc.navy.mil**

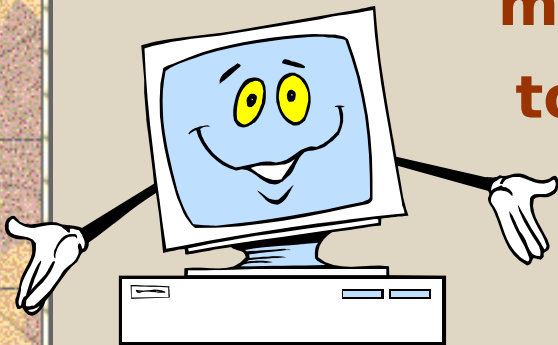
**Scroll down to the bottom and click on
“Regional Navy Mail Center”**

**Ensure Official Mail Managers provide
their
e-mail address to:**

michael.mattson@navy.mil

tony.eyzaguirre@navy.mil

david.wiggs@navy.mil





REGIONAL NAVY MAIL CENTER

MAIN OFFICE POINTS OF CONTACTS

Bob Johnston

Facilitator

444-8482 (ext 20) **PC1 Robinson**

LPO

444-9126 (ext 24)

Mike Mattson

Official Mail Supv.

444-8482 (ext 16)

PCCM Wooden

LCPO

444-9126 (ext 12)

Tony Eyzaguirre

Deputy Director

444-9126 (ext 11)